FEC FORM 1

STATEMENT OF ORGANIZATION

FOF	RM 1		ORGANIZATION										
				(See instructi	ons)					Office use or	nly		
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COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)													
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2. DATE M M M / D D / Y Y Y Y Y Y Y													
3. FEC IDENTIFICATION NUMBER C C00461137													
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)													
I certify that	t I have exa	mined this S	Statement and	to the best of my kr	nowledge ar	nd belief it is true, co	orrect and	d complete	:				
Type or Pr	rint Name o	of Treasure	er D	AVID BAUER									
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Signature	of Treasur	er El <u>ect</u>	ronically Filed	by DAVID B	AUER		_	Date	0 9	/ D 0	6	ž 0	1 1
NOTE: Sub	omission of	false, erron				he person signing t				es of 2 U.S	.C. §437) .	
	Office Use					For further information (FEC	FORI	W 1	_
	Only					Toll Free 800-424 Local 202-694-11	-9530	1011			sed 02/20		